state tant.	DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH State File No. 11294				
Page	Registration District No	Primary Registration Distr	et No. 3020	Registrar's No.	
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.	1. PLACE OF DEATH: (a) County (b) City or town (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution: (If not in hospital or institution, write street number or location)		(e) City or town	ED: (b) County ty or town limits, write "RURAL")	
	(d) Length of stay: In hospital or institution In this community	(Specify whather	·	frural, give location)	
	8. (a) PRINT TO TO A THAM	WRIGHT		BTIFICATION	
	3. (b) If veteran, name war. Mo	8. (c) Social Security No. Zarl	20. DATE OF DEATH: Month year Claude 5 A Hour	minuteM.	
	5. Color or racelle heta 6. (b) Name of husband or wife. 7. Birth date of deceased deptember	6. (a) Single, widowed, married, divorced librarian 6. (c) Age of husband or wife if alive years 186 3	that I last saw halve on Ma and that death occurred on the date and Immediate Gause of death	to che 23 - 1942	
	8. AGE: Years Months Days 76 6 /4		Due to	710	
	9. Birthplace (City, town, or county) 10. Usual occupation (11. Industry or business	(State or foreign country)	Other conditions. (Include pregnancy within 5 months of death Major findings:) PHYSICIAN	
	12. Name Harvey	(State or foreign country)	Of operations Of autopsy.	Underline the cause to which death should be charged sta- tistically.	
	15. Birthplace City, town, or spinity) 16. (a) Informant's own signature (b) Address 3/0 7 2000 lie left	(State or foreign country) Signam	22. If death was due to external causes, (a) Accident, suicide, or homicide (spec	fill in the following:	
	(b) Address (b) Date thereof Man 26, 1940 (Burial, cremation, or removal) (c) Place: burial or cremation (194) (194) (194)		(c) Where did injury occur? (Ci) (d) Did injury occur in or shout home, o	ty or town) (County) (State) on farm, in industrial place, in public place?	
N. B.—Ever	18. (a) Signature of funeral director. (b) Address. 19. (a) Man. 25/940 (b) E. J. (Date received local registrar)	The OV. I M- Gature, M.D. (Registrar's signature)	While at work? W (Specific 23. Signature A L W Address)	(e) Means of injury (L. D. or other) MO Date signed S. 92	
	70.				

RECEIVED							
District Health	Officer	No. 6					
District File NAPRO	440	-116					
Date Filed APR	1 5 WW						

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the r	everse side of this ce	ertificate was embalmed by me, or by	·
		, Registered Apprentice No	

working under my personal supervision.

Signed & WK mill

Licensed Embalmer No. 6/4

P. O. Address Parthage Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

No. 2B 2-21-40 I x22659		BOARD OF HEALTH FICATE OF DEATH State File No. 1 / 294	
.	Registration District No	trict No. 3020 Registrar's No. 77	
USE UNFADING BLACK INK-MAKE A PERMANENT RECORD	1. PLACE OF DEATH: (a) County	2. USUAL RESIDENCE OF DECEASED: (a) State	
	4. Sex race divorced divorced divorced for wife alive year 7. Birth date of deceased (Month) (Day) (Yar)	nat last saw h	
	8. AGE: Vears Months Days If less than on tay 9. Birthplace	Due to	
WRITE PLAINLY—	12. Name. 13. Birthplace (City, town, or county) 14. Maiden name. (City, town, or county)	Major findings: Of operations. Underline the cause to which death Of autopsy. Should be charged sta- tistically.	
WRITE	15. Birthplace (City, town, or county) (State or foreign country)	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify)	
·	(c) Place: burial or cremation. 18. (a) Signature of funeral director	While at work? (Specify type of place) (e) Means of injury. 23. Signature Address Date signed.	

1940 5-11294